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ABSTRACT

In his work on coping patterns of professionally educated women, Douglas Hall (1972) identified three major styles of coping in relation to role conflict: (1) negotiators, who enlist others to help with their work; (2) priority setters, who have their own priorities and can give up less important roles; and (3) superwomen, who try to do everything. This study examined the coping styles of 309 nurse faculty from 30 baccalaureate degree nursing programs. Respondents read and responded to nine vignettes which contained situations illustrating the balancing of roles expected in academe. Each vignette had three answers giving the respondent the choice of being a negotiator, priority setter, or superwoman. Fourteen demographic questions were also included. The results revealed that the sample group most often chose negotiation as a coping pattern. The majority (92%) negotiated with family or other support people to take over some of their roles at various times. The hypothesis that there would be a significant relationship between preference for negotiation type coping and a well-developed social support system was supported. The hypothesis that there would be a significant relationship between preference for priority type coping and the presence of a mentor was not supported. Support systems, mentorship, and commitment to academic role in nursing were all examined. (NB)

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Coping with Multiple Demands:

A Study of Women Faculty in Schools of Nursing

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Coping with Multiple Demands:

A Study of Women Faculty in Schools of Nursing

ABSTRACT

This study included 309 nurse faculty from 30 randomly chosen NLN accredited baccalaureate degree nursing programs in the United States. The emphasis was upon examining coping styles utilized by nurse faculty based upon Hall's conceptual framework and his studies of professionally educated women and role conflict. Three coping styles were identified as predominant based upon respondents' answers to a series of vignettes. Also examined were support systems, mentorship, and commitment to an academic role in nursing.

It is not without great difficulty that many women in nursing manage to juggle their various roles (Muzio, et al., 1979). This study sought to examine the phenomena in women faculty employed in baccalaureate schools of nursing. One of the researchers had previously examined the coping styles of BSN students (all RN students returning to school for their degree) and found that it was very difficult for women to assume the additional role of student (Perry, 1986). Perry used an instrument based on the conceptual framework developed by Douglas Hall (1972) in his work regarding coping patterns of professionally educated women in dealing with role conflict. In his research Hall identified three major styles of coping in relation to role conflict. The first coping style was NEGOTIATION (usually with role partners). Negotiators enlist other people to help them with their work, as they realize they cannot accomplish everything themselves. The second coping style that Hall identified was PRIORITY SETTING. Priority setters are not adverse to giving up roles, and often have their own self-determined priorities. The third coping style identified by Hall was the SUPERWOMAN, who tries to do everything for everyone, who cannot think of giving up any role. Perry (1986) found the sample of RNs returning to school for their baccalaureate degrees to be heavily negotiators.

The current pilot study examined nurse faculty for a predominant coping pattern, as well as various demographic factors. Also examined were perceived social support, the presence or absence of a mentor, and the degree of commitment the respondent felt to her academic nursing career.

The instrument was based on a previously designed instrument used by Lamont (1985) with social work students. A new instrument was constructed using the vignette structure of Lamont's as a model. New vignettes were designed with typical nurse faculty situations. Each vignette had three answers giving the respondent a choice of: negotiator (one who enlists others to help her), priority setter (one who clearly establishes an order for which things are to be done), and the "do all" or superwoman (one who tries desperately to do everything). The respondents did not know which pattern they were choosing, only that the response seemed to be one she would most likely choose, given that same situation. There were 9 vignettes, and 14 demographic questions at the end of the questionnaire. Only women were used in the analysis since the emphasis of the study was upon women and coping.

Two hypotheses were advanced by the researchers. One, that there would be a significant relationship between preference for negotiation type coping and a well developed social support system. A well developed social system would entail the respondent being able to identify people able to help her fulfill her expected roles (i.e., teacher, researcher, mother, author, nurse, etc.). The second hypothesis stated that there would be a significant relationship between preference for priority type coping and the presence of a mentor. The researchers felt a mentor would be able to help the mentee set priorities in her career that would be indicative of priority setting coping.

The researchers mailed 560 questionnaires to 30 randomly selected baccalaureate schools of nursing (all NLN accredited). The mailings

were sent to the Deans of these schools with instructions for giving them to their respective women faculty members. A postcard was included to request copies of the study as well as additional questionnaires if needed. The faculty were given separate postage-paid envelopes to send back their individual responses anonymously. Of the 560 mailed, a total of 309 responses were received, giving a return rate of 55%. Many respondents made additional comments, and also gave suggestions regarding ways faculty members might better be able to handle their multiple roles.

The nine vignettes contained situations illustrating the balancing of the roles expected in academe; teacher, clinical expert, researcher, continuing student, committee member, etc. In addition, the role of mother was included in one of the nine vignettes. The vignette choices always included a clear negotiator (one who tries to enlist others to help her with her work, since she knows there is no way for one person to do it all), a priority setter choice (who prioritizes her tasks in importance), and the "do all" (who tries to fulfill every role all the time) or who is frequently referred to as "the superwoman." Responses were categorized according to the answers given to each vignette. If more than half of the nine vignettes were answered in a particular style, that respondent was placed into one of the three categories. Thus, this mechanism was used to define that individual into one of the three coping styles--negotiator, priority setter, or "do all." There were very few split responses (4% of the sample). Respondents seemed to fit into one of the three styles easily. See Table 1 for details regarding response categories.

Insert Table 1 about here

The first vignette described a teaching situation that related creativity to merit salary increases, and gave the respondent three ways (negotiator, priority setter, or do all) of dealing with increasing her creativity in lecture. The second vignette dealt with a faculty member trying to upgrade her education to include a working knowledge of computers, and who was faced with the conflict of doing that and also meeting teaching and school schedules. The third vignette concerned a faculty member trying to keep up with her clinical skills, and experiencing a conflict in doing background work on a research project that was expected by her Dean. Dealing with faculty politics was the subject of the f urth vignette. Attending a workshop in conflict with clinical teaching times was the topic of the fifth vignette. The six situation placed the faculty member in a heated discussion with a student over a test question. The subject of the seventh vignette was the problem of upgrading the faculty member's education, while still meeting the financial responsibilities of her family. Mothering was the subject of the eighth vignette, with the faculty member under fire from her child's school versus her job responsibilities. The final vignette covered the paperwork of teaching with the time pressure of getting to a doctoral class (respondent as student) on time.

In addition, demographic information was collected on years as a faculty member, tenure, age, highest degree held, faculty rank, marital

status, number of children living at home, commitment to teaching, and the presence or absence of a mentor. The researchers solicited comments about the role of faculty member as it related to this study, leaving an open-ended comment section for the respondent at the end of the questionnaire. These were particularly interesting reading, as the same subject matter came up again and again. Many women felt extreme pressure in their faculty roles to publish, do research, and remain clinically competent. Many made comments regarding the lack of credit given by Deans for faculty being clinically competent, and able to teach their subject well, but instead placed more importance on doing research, or publishing articles. Many faculty felt extremely frustrated in that their Deans placed so little importance on actually teaching nursing.

Demography of the Sample

The demography of the faculty sample by age is reflected in Table 2 for the 302 respondents who gave their ages. The majority of the faculty were between the ages of 33 and 52 (79%) and the mean age was 42.03 for the sample.

Insert Table 2 about here

The demographic category of years as a faculty member revealed that the majority of respondents were relatively new faculty members, as reflected in Table 3. Over half (58%) indicated serving in that capacity for 10 years or less.

Insert Table 3 about here

It is also interesting to note that the majority of the respondents were not tenured. Of 309 respondents, 191 were not tenured (62%), while 118 (38%) had achieved that milestone. Also indicative of those climbing up the career ladder were the revealing statistics regarding highest degree held by the respondents as demonstrated in Table 4.

Insert Table 4 about here

The majority of the subjects were at the assistant professor level and only 4% held the rank of full professor (see Table 5). Commitment to the academic role of teaching is reflected in Table 6 with 32% of the faculty sample declaring no strong commitment to this role, while 38% felt highly committed to the role (as their life's work).

Insert Tables 5 and 6 about here

Because the researchers had presented workshops on the "Superwoman Syndrome," and had been looking at this phenomena for quite some time, they were interested in how the superwoman syndrome might permeate nursing faculties composed almost exclusively of women. They were also interested in how many of the sample were married, knowing that the assumption of another role increases the stress level (Maddi & Kobasa, 1984). There were 215 respondents who were married, which was exactly 70% of the sample.

Also, 191 respondents (62%) had children living at home, with the most (28%) having two children and 11% having three children or more; 23% had one child. Thus, the family responsibilities among this faculty group were considerable.

Another aspect of interest was the presence or absence of a mentor, particularly in light of priority setting. The researchers felt that those women who were fortunate enough to have a good mentor (also described as a guide or advocate) would be priority setters because they would have the benefit of years of knowledge (if the mentor was willing to share her knowledge with them). Of the sample, 56% had no mentor, and 46% reported that they did indeed have a mentor. Faculty members were asked for a description of that mentor and how he/she had furthered the respondent's academic growth. In addition, the researchers asked for examples of other support people in the lives of the faculty members, in or out of academe. Most of the respondents commented on supportive spouses, some of whom were in academe themselves and had knowledge of the stresses in academe, although other disciplines do not share the stressor of keeping themselves clinically experienced. Mentioned frequently as supportive persons were fellow faculty, some of whom were at the same rank. Regarding support of those not in the rank of the respondent, the immediate coordinator was found to have a great effect on the faculty member. Many commented that their immediate coordinator or supervisor was the single most influential person regarding the presence or absence of stress in their academic positions. Also of great importance with the effect of the support or non-support of the Dean. Many respondents commented upon

her support or non-support as demonstrated by her willingness to make allowances and adaptations while the respondent pursued her education. Rigidity by the Dean was viewed as non-supportive. Many faculty commented upon their stringent financial situation in regard to the cost of pursuing their education.

Findings

The researchers found this sample group to be heavily negotiators in terms of coping patterns as described by Hall (1972). Ninety-two percent negotiated with family or other support people to take over some of their roles at various times. It is evidently a means of survival that some of the roles and tasks be taken over by other people. This also speaks well of "role blending" which is heard of so often regarding marriage recently. There were 1% who fell into the category of priority setters, with 3% presenting as do alls (attempting to fill all roles without relinquishment). Four percent gave a split or mixed response combining several patterns and thereby demonstrating no clear-cut coping style.

There were several significant findings from our sample of 309 nursing faculty. Tenure was associated with a high educational level (with signficance at the .05 level). Age and commitment were associated (with significance at .05%), which was not surprising since those who were older had had more time to consider academe as their life's work. Also, the older faculty member is not as likely to have the family pulls that younger faculty experience. Also, the presence of a mentor was significantly associated (at the .05 level) with having a high degree

of commitment to the academic role as one's life work. See Table 7 which depicts these statistically significant findings.

Insert Table 7 about here

The first research hypothesis regarding the coping preference of negotiation and a well-developed support system was supported. Of our sample, 288 of the 310 indicated that they were negotiators, and of those, 210 indicated that they had well developed social support system.

The second research hypothesis indicating that there would be a relationship between the preference of priority setting and the presence of a mentor was not supported by data collection. Few respondents (1%) indicated a preference for priority setting as an overall coping style. Of course, a true priority setter may not have taken time to answer this survey!

Additional Findings

The researchers were very interested in faculty responses to the question on mentoring which asked faculty members, "Have you had what you perceive as a mentor/guide/advocate in your academic career?" Fifty-six percent of the respondents reported having had a mentor or guide . After reading the responses to this question, it was evident that there was heavy support for having had a mentor among this sample group. The response was overwhelmingly positive with only one negative statement, and that was by a respondent clarifying that her assigned mentor was incapable of mentoring and that she sought out her own mentor who was knowledgeable

about her particular area. Some comments were highly expressive of the need for a mentor. Over 99% of those commenting on their mentors felt they had been an important influence in their academic career. Helping behaviors of the mentors were described by the mentees in their own words. Many mentees reported emotional support, giving inside knowledge of the department politics, helping in setting career goals, helping problem solve, encouraging projects and research, giving help by lecture critiquing, and giving advisement on handling problem students. As stated earlier, if a faculty member claimed having a mentor, she was more likely to be highly committed to the role of an academic in nursing as these two variables were significantly related in the current faculty sample.

Of the support persons most mentioned, one's spouse, one's superior (or area chair), peers, and one's Dean were the most common responses. Many subjects expressed that with the many roles expected by an academic career, pursuing such a career would be impossible without a mentor. Suzanne Kobasa's (1972) study of Illinois Bell executives indicated that support of one's immediate superior was most important, even more important than family. The respondents in this study seemed to echo this; most reported that without the chair or immediate superior giving them support, most would not stay in academe.

Since this study also piloted the tool developed by the researchers, there was much interest in what vignettes showed the most variation in response, and these were thus extracted (after data collection) as the best descriptors of the three coping styles of negotiator, do all, and priority setter in this study. When the data were analyzed using only

these five vignettes (Nos. 1, 2, 3, 4, and 6) instead of the total nine, the responses were as shown in Table 8.

Insert Table 8 about here

When the current data are compared to a sample of 157 RN students (reported by Perry, 1986, and depicted in Table 9), there was an identical percentage of do all coping responses reported. The faculty in the current study chose the priority setter pattern more frequently than the RNs, and both groups tended to be negotiators. However, it must be kept in mind that fully one-third (33%) of both samples answered vignettes with the do all approach, which Hall (1972) stated is roughly analgous to having no conscious coping strategy at all, but merely an attempt to do all things demanded (fulfill all roles until exhausted).

Insert Table 9 about here

The current study sought to clarify the coping styles of faculty as well as document mechanisms such as mentors and support systems that women faculty in schools of nursing use. Maddi and Kobasa (1978) have documented that the three elements of commitment, control and challenge are the keystones of healthy coping in high stress occupations, and those that possess these characteristics in their place of work can maintain a healthy work attitude as well as a healthy life. In the academic climate of the nursing schools this study seemed to be saying that although commitment is still high (38% are highly committed to

teaching the art of nursing), the challenge of teaching in an everchanging profession is most certainly there. It is with the control that most of these respondents felt distant. The demands placed upon them by the everchanging complexion of a scientific field, the pressure of academe to publish and do research, and the inherent problem of keeping clinically competent while also pursuing further education (as demanded by universities) is overwhelming nurse faculty. Becoming women who negotiate their roles is certainly an adaptive coping mechanism, if our study is a reflection of survival in baccalaureate nursing schools. Also, seeking other women who will mentor us can be a positive coping mechanism. However, unless our roles diminish, it is clear from the written responses offered by the women in our study that those who are highly committed to teaching the art of nursing will be replaced by fewer and fewer women who will be likely to take on the number of roles currently inherent in the title "nurse faculty."

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Table 1

Predominant Coping Pattern Chosen by Sample (N=309)

Pattern	Frequency	Percent
Negotiator	287	92%
Priority Setter	2	1%
Do All	8	3%
Split/Mixed	12	4%
Totals	309	100%

Table 2

Faculty Members by Age Category (N=302)

Age Groups	Frequency	Percent
23-27 years	3	1%
28-32 years	20	6%
33-37 years	65	22%
38-42 years	72	24%
43-47 years	54	18%
48-52 years	46	15%
53-57 years	15	5%
58-62 years	21	6%
63 years and over	6	3%
Totals	302	100%

Table 3

Years as Faculty Member (N=309)

Length	Frequency	Percent
0 - 5 years	88	29%
6 - 10 years	89	29%
11 - 15 years	66	21%
16 - 20 years	38	12%
20 - 25 years	20	6%
Over 25 years	8	3%
Totals	309	100%

Table 4

Educational Level of Faculty Sample (N=309)

Highest Degree	Frequency	Percent
BSN	2	1%
MSN	221	72%
PhD	38	12%
EdD	25	8%
Doctorate/Nursing	20	7%
Totals	309	100%

Table 5

Academic Rank Held by Faculty Sample (N=307)

Rank	Frequency	Percent
Lecturer	22	7%
Instructor	63	21%
Assistant Professor	143	46%
Associate Professor	67	22%
Professor	12	4%
Totals	307	100%

Table 6

Commitment Level Reported by Faculty Sample (N=305)

Level	Frequency	Percent
Very Committed	117	38%
Probably Committed	93	30%
Open to Other Options	78	26%
Committed, Short-term	11	4%
No Felt Commitment	6	2%
Totals	305	100%

Table 7

Significant Measures of Association Between Selected Variables

Variables	Chi-square	df	p
Tenure and Educational Level	11.4	4	<.05
Age and Commitment	43.7	32	<.05
Years as Faculty & Commitment	39.6	20	<.01
Commitment and Mentorship	11.6	4	<.05

Table 8

Coping Styles Reported Over Five Selected Vignettes (N=309)

	Number of Responses by Vignette Number					
Response	1	2	3	4	5	% Totals
Negotiator	25	200	177	140	190	41%
Priority Setter	218	55	40	4	84	26%
Do All	65	54	92	165	35	33%
Totals	309	309	309	309	309	100%

Table 9

Comparison Study of RNs by Perry (1986)

Coping Styles Reported Over Six Selected Vignettes (N=157)

	Number of Responses by Vignette Number						
Response	1	2	3	4	5	6	% Totals
Negotiator	104	27	147	59	27	122	51.6%
Priority Setter	7	119	1	5	8	5	15.4%
Do All	46	11	9	93	122	30	33.0%
Totals	157	157	157	157	157	157	100%